

# CHILDREN DENTAL SERVICES

## Procedure Codes\* and Allowances

Effective 04/01/2019

Codes listed on this fee schedule may be subject to limitations. Limitations can be found in the Dental Provider Manual. ABCD add-on fees are for dentists enrolled in the ABCD program when providing services to a recipient age 0-5. Refer to the manual for information on enrolling in the ABCD program.

PROCEDURE	CODE	FEE
<b><u>DIAGNOSTIC</u></b>		
PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	D0120	\$ 28.44
LIMITED ORAL EVALUATION - PROBLEM FOCUSED	D0140	\$ 42.67
ORAL EVALUATION (PATIENT UNDER 3)	D0145	\$ 25.86
COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	D0150	\$ 42.67
DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED	D0160	\$ 38.22
<b><u>RADIOGRAPHS</u></b>		
INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	D0210	\$ 89.22
INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	D0220	\$ 16.81
INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	D0230	\$ 11.64
INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	D0240	\$ 15.09
BITEWING - SINGLE RADIOGRAPHIC IMAGE	D0270	\$ 14.01
BITEWINGS - TWO RADIOGRAPHIC IMAGES	D0272	\$ 27.16
BITEWINGS - THREE RADIOGRAPHIC IMAGES	D0273	\$ 25.48
BITEWINGS - FOUR RADIOGRAPHIC IMAGES	D0274	\$ 36.21
VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	D0277	\$ 35.04
PANORAMIC RADIOGRAPHIC IMAGE	D0330	\$ 69.84
2D CEPHALOMETRIC RADIOGRAPHIC IMAGE	D0340	\$ 55.21
2D ORAL/FACIAL PHOTOGRAPHIC IMAGE	D0350	\$ 24.78
DIAGNOSTIC CASTS	D0470	\$ 52.02
<b><u>PREVENTIVE</u></b>		
CARIES RISK ASSESSMENT AND DOCUMENTATION (LOW RISK)	D0601	\$ 4.74
CARIES RISK ASSESSMENT AND DOCUMENTATION (MODERATE RISK)	D0602	\$ 4.74
CARIES RISK ASSESSMENT AND DOCUMENTATION (HIGH RISK)	D0603	\$ 4.74
PROPHYLAXIS (12 YEARS OR OLDER)	D1110	\$ 54.33
PROPHYLAXIS (UNDER 12 YEARS OLD)	D1120	\$ 38.79
<b><u>TOPICAL FLUORIDE TREATMENT</u></b>		
TOPICAL APPLICATION OF FLUORIDE VARNISH	D1206	\$ 23.28
TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	D1208	\$ 23.28
<b><u>OTHER PREVENTATIVE SERVICES</u></b>		
ORAL HYGIENE INSTRUCTIONS (WITH ABCD TRAINING AND CERTIFICATION)	D1330	\$ 25.00
SEALANT - PER TOOTH (TO AGE 15)	D1351	\$ 31.04
SEALANT REPAIR - PER TOOTH	D1353	\$ 31.04
INTERIM CARIES ARRESTING MEDICAMENT (SILVER DIAMINE FLUORIDE) - PER TOOTH	D1354	\$ 12.79
<b><u>SPACE MAINTENANCE</u></b>		
SPACE MAINTAINER - FIXED - UNILATERAL	D1510	\$ 178.46
SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	D1516	\$ 272.85
SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	D1517	\$ 272.85
SPACE MAINTAINER - REMOVABLE - UNILATERAL	D1520	\$ 114.23
SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	D1526	\$ 212.30
SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	D1527	\$ 212.30
RE-CEMENT SPACE MAINTAINER	D1550	\$ 39.87
DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL	D1575	\$ 178.45
<b><u>AMALGAM RESTORATIVE</u></b>		

<b>PROCEDURE</b>	<b>CODE</b>	<b>FEE</b>
AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	D2140	\$ 75.00
AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	D2150	\$ 93.10
AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	D2160	\$ 112.51
AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	D2161	\$ 134.49

### **RESIN RESTORATIONS**

RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	D2330	\$ 85.35
RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	D2331	\$ 109.92
RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	D2332	\$ 135.79
RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, ANTERIOR	D2335	\$ 160.35
RESIN-BASED COMPOSITE CROWN, ANTERIOR	D2390	\$ 199.15
RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	D2391	\$ 75.00
RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	D2392	\$ 93.10
RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	D2393	\$ 112.51
RESIN-BASED COMPOSITE - FOUR OR MORE SURFACE, POSTERIOR	D2394	\$ 134.49

### **PROSTHETHICS (CROWNS)**

CROWN - RESIN WITH PREDOMINANTLY BASE METAL	D2721	\$ 392.26
CROWN - PORCELAIN/CERAMIC	D2740	\$ 495.71
CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	D2750	\$ 495.71
CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	D2751	\$ 495.71
CROWN - PORCELAIN FUSED TO NOBLE METAL	D2752	\$ 495.71
CROWN - FULL CAST HIGH NOBLE METAL	D2790	\$ 495.71
CROWN - FULL CAST PREDOMINANTLY BASE METAL	D2791	\$ 495.71
CROWN - FULL CAST NOBLE METAL	D2792	\$ 495.71
RE-CEMENT INLAY/ONLAY/PARTIAL COVERAGE RESTORATION	D2910	\$ 25.48
RE-CEMENT CROWN	D2920	\$ 46.34
REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	D2921	\$ 133.62
PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	D2930	\$ 160.35
PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	D2931	\$ 171.99
PREFABRICATED RESIN CROWN	D2932	\$ 140.09
PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	D2933	\$ 214.66
PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	D2934	\$ 178.88
PROTECTIVE RESTORATION	D2940	\$ 48.50
INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	D2941	\$ 48.50
CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	D2950	\$ 134.49
PIN RETENTION	D2951	\$ 20.48
POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	D2952	\$ 177.81
PREFABRICATED POST AND CORE IN ADDITION TO CROWN	D2954	\$ 159.49

### **ENDODONTICS**

PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	D3110	\$ 38.79
PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	D3120	\$ 35.56
THERAPEUTIC PULPOTOMY (PRIMARY TEETH ONLY)	D3220	\$ 85.35
PULPAL DEBRIDEMENT	D3221	\$ 60.35
PULPAL THERAPY - ANTERIOR, PRIMARY TOOTH	D3230	\$ 78.89
PULPAL THERAPY - POSTERIOR, PRIMARY TOOTH	D3240	\$ 71.12
ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	D3310	\$ 407.35
ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	D3320	\$ 403.03
ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	D3330	\$ 636.24
RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	D3346	\$ 339.46
RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	D3347	\$ 403.03
RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	D3348	\$ 530.20
APEXIFICATION/RECALCIFICATION - INITIAL VISIT	D3351	\$ 107.76
APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	D3352	\$ 107.76
APEXIFICATION/RECALCIFICATION - FINAL VISIT	D3353	\$ 154.10
APICOECTOMY - ANTERIOR	D3410	\$ 280.18
APICOECTOMY - PREMOLAR (FIRST ROOT)	D3421	\$ 291.25
APICOECTOMY - MOLAR (FIRST ROOT)	D3425	\$ 318.98

PROCEDURE	CODE	FEE
APICOECTOMY (EACH ADDITIONAL ROOT)	D3426	\$ 114.23
RETROGRADE FILLING - PER ROOT	D3430	\$ 89.44

#### **PERIODONTICS**

GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH	D4210	\$ 227.38
GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH	D4211	\$ 87.29
GINGIVAL FLAP PROCEDURE - FOUR OR MORE CONTIGUOUS TEETH	D4240	\$ 440.75
GINGIVAL FLAP PROCEDURE - ONE TO THREE CONTIGUOUS TEETH	D4241	\$ 272.64
OSSEOUS SURGERY - FOUR OR MORE CONTIGUOUS TEETH	D4260	\$ 574.38
OSSEOUS SURGERY - ONE TO THREE CONTIGUOUS TEETH	D4261	\$ 560.37
PEDICLE SOFT TISSUE GRAFT PROCEDURE	D4270	\$ 433.21
FREE SOFT TISSUE GRAFT PROCEDURE - FIRST TOOTH	D4277	\$ 418.12
FREE SOFT TISSUE GRAFT PROCEDURE - EACH ADDITIONAL CONTIGUOUS TOOTH	D4278	\$ 376.32
PROVISIONAL SPLINTING - EXTRACORONAL	D4321	\$ 87.06
PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	D4341	\$ 162.94
PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	D4342	\$ 81.90
FULL MOUTH DEBRIDEMENT	D4355	\$ 91.31
PERIODONTAL MAINTENANCE	D4910	\$ 71.12

#### **PROSTHODONTICS**

COMPLETE DENTURE - MAXILLARY	D5110	\$ 872.88
COMPLETE DENTURE - MANDIBULAR	D5120	\$ 872.88
IMMEDIATE DENTURE - MAXILLARY	D5130	\$ 929.79
IMMEDIATE DENTURE - MANDIBULAR	D5140	\$ 929.79
MAXILLARY PARTIAL DENTURE - RESIN BASED	D5211	\$ 847.02
MANDIBULAR PARTIAL DENTURE - RESIN BASED	D5212	\$ 847.02
MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK	D5213	\$ 847.02
MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK	D5214	\$ 847.02
MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE	D5225	\$ 705.85
MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE	D5226	\$ 705.85
ADJUST COMPLETE DENTURE - MAXILLARY	D5410	\$ 30.17
ADJUST COMPLETE DENTURE - MANDIBULAR	D5411	\$ 30.17
ADJUST PARTIAL DENTURE - MAXILLARY	D5421	\$ 30.17
ADJUST PARTIAL DENTURE - MANDIBULAR	D5422	\$ 30.17
REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	D5511	\$ 77.59
REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	D5512	\$ 77.59
REPLACE MISSING OR BROKEN TEETH	D5520	\$ 64.66
REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	D5611	\$ 80.82
REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	D5612	\$ 80.82
REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	D5621	\$ 126.08
REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	D5622	\$ 126.08
REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS - PER TOOTH	D5630	\$ 136.86
REPLACE BROKEN TEETH - PER TOOTH	D5640	\$ 74.36
ADD TOOTH TO EXISTING PARTIAL DENTURE	D5650	\$ 116.38
ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	D5660	\$ 113.15
REBASE COMPLETE MAXILLARY DENTURE	D5710	\$ 272.64
REBASE COMPLETE MANDIBULAR DENTURE	D5711	\$ 272.64
REBASE MAXILLARY PARTIAL DENTURE	D5720	\$ 218.71
REBASE MANDIBULAR PARTIAL DENTURE	D5721	\$ 218.71
RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	D5730	\$ 150.87
RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	D5731	\$ 150.87
RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	D5740	\$ 150.87
RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	D5741	\$ 150.87
RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	D5750	\$ 242.47
RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	D5751	\$ 242.47
RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	D5760	\$ 242.47
RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	D5761	\$ 242.47
INTERIM COMPLETE DENTURE (MAXILLARY)	D5810	\$ 375.02
INTERIM COMPLETE DENTURE (MANDIBULAR)	D5811	\$ 375.02

PROCEDURE	CODE	FEE
INTERIM PARTIAL DENTURE (MAXILLARY)	D5820	\$ 289.88
INTERIM PARTIAL DENTURE (MANDIBULAR)	D5821	\$ 289.88
TISSUE CONDITIONING, MAXILLARY	D5850	\$ 56.04
TISSUE CONDITIONING, MANDIBULAR	D5851	\$ 56.04
OVERDENTURE – PARTIAL MAXILLARY	D5864	\$ 727.40
OVERDENTURE – PARTIAL MANDIBULAR	D5866	\$ 727.40
REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	D5899	\$ 449.10
RE-CEMENT FIXED PARTIAL DENTURE	D6930	\$ 71.13

#### **EXTRACTIONS**

EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	D7111	\$ 63.37
EXTRACTION, ERUPTED TOOTH	D7140	\$ 84.06
EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE	D7210	\$ 151.30
REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	D7220	\$ 160.35
REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	D7230	\$ 235.36
REMOVAL OF IM[PACTED TOOTH - COMPLETELY BONY	D7240	\$ 285.79
REMOVAL OF IM[PACTED TOOTH - COMPLETELY BONY, WITH COMPLICATIONS	D7241	\$ 340.10
REMOVAL OF RESIDUAL TOOTH ROOTS	D7250	\$ 130.39

#### **OTHER SURGICAL PROCEDURES**

OROANTRAL FISTULA CLOSURE	D7260	\$ 550.67
TOOTH RE-IMPLANTATION AND/OR STABILIZATION	D7270	\$ 187.51
EXPOSURE OF AN UNERUPTED TOOTH	D7280	\$ 217.68
PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	D7283	\$ 146.56
INCISIONAL BIOPSY OF ORAL TISSUE – HARD	D7285	\$ 171.34
INCISIONAL BIOPSY OF ORAL TISSUE – SOFT	D7286	\$ 150.87
BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	D7288	\$ 24.42
SURGICAL REPOSITIONING OF TEETH	D7290	\$ 232.77
TRANSSEPTAL FIBEROTOMY, BY REPORT	D7291	\$ 119.62

#### **ALVEOLOPLASTY**

IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH PER QUADRANT	D7310	\$ 135.79
IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH PER QUADRANT	D7311	\$ 74.36
NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH/QUADRANT	D7320	\$ 133.63
NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH/QUADRANT	D7321	\$ 93.75

#### **VESTIBULOPLASTY**

UNCOMPLICATED (PER ARCH)	D7340	\$ 145.48
COMPLICATED (PER ARCH)	D7350	\$ 282.34

#### **EXCISION OF SOFT TISSUE LESIONS**

EXCISION OF BENIGN LESION UP TO 1.25 CM	D7410	\$ 153.02
EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	D7411	\$ 188.59

#### **EXCISION OF INTRA-OSSEUS LESIONS**

REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - DIAMETER UP TO 1.25 CM	D7450	\$ 251.09
REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - DIAMETER MORE THAN 1.25 CM	D7451	\$ 251.09
REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - DIAMETER UP TO 1.25 CM	D7460	\$ 251.09
REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - DIAMETER MORE THAN 1.25 CM	D7461	\$ 529.12

#### **EXCISION OF BONE TISSUE**

REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	D7471	\$ 207.98
REMOVAL OF TORUS PALATINUS	D7472	\$ 286.65
REMOVAL OF TORUS MANDIBULARIS	D7473	\$ 278.03
REDUCTION OF OSSEOUS TUBEROSITY	D7485	\$ 219.84

#### **SURGICAL INCISION**

INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	D7510	\$ 105.61
INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	D7511	\$ 231.69

<b>PROCEDURE</b>	<b>CODE</b>	<b>FEE</b>
INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	D7520	\$ 144.40
INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	D7521	\$ 321.13
REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS TISSUE	D7530	\$ 155.18
REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL	D7540	\$ 394.41
PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	D7550	\$ 924.61
<b><u>TREATMENT OF FRACTURES</u></b>		
ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	D7771	\$ 711.24
OCCLUSAL ORTHOTIC DEVICE, BY REPORT	D7880	\$ 323.29
OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	D7881	\$ 30.17
UNSPECIFIED TMD THERAPY, BY REPORT	D7899	\$ 265.43
SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	D7910	\$ 90.52
<b><u>OTHER REPAIR PROCEDURES</u></b>		
FRENULECTOMY, SEPARATE PROCEDURE	D7960	\$ 177.81
FRENULOPLASTY	D7963	\$ 247.86
EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	D7970	\$ 185.35
EXCISION OF PERICORONAL GINGIVA	D7971	\$ 80.82
NON-SURGICAL SIALOLITHOTOMY	D7979	\$ 394.41
EXCISION OF SALIVARY GLAND	D7981	\$ 934.31
UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	D7999	52%
<b><u>LIMITED ORTHODONTICS (REQUIRES SPECIAL AUTHORIZATION)</u></b>		
LIMITED TREATMENT OF THE PRIMARY DENTITION	D8010	\$ 745.32
LIMITED TREATMENT OF THE TRANSITIONAL DENTITION	D8020	\$ 845.12
LIMITED TREATMENT OF THE ADOLESCENT DENTITION	D8030	\$ 1,023.49
LIMITED TREATMENT OF THE ADULT DENTITION	D8040	\$ 1,063.83
INTERCEPTIVE TREATMENT OF THE PRIMARY DENTITION	D8050	\$ 1,714.52
INTERCEPTIVE TREATMENT OF THE TRANSITIONAL DENTITION	D8060	\$ 2,057.41
COMPREHENSIVE TREATMENT OF THE TRANSITIONAL DENTITION	D8070	\$ 3,812.23
COMPREHENSIVE TREATMENT OF THE ADOLESCENT DENTITION	D8080	\$ 4,357.95
COMPREHENSIVE TREATMENT OF THE ADULT DENTITION	D8090	\$ 4,720.04
REMOVABLE APPLIANCE THERAPY	D8210	\$ 407.70
FIXED APPLIANCE THERAPY	D8220	\$ 546.78
REPAIR OF ORTHODONTIC APPLIANCE	D8691	\$ 59.46
REPLACEMENT OF LOST OR BROKEN RETAINER	D8692	\$ 93.43
REMOVAL OF FIXED ORTHODONTIC APPLIANCE	D8695	\$ 51.00
UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	D8999	\$ 38.22
<b><u>ADJUNCTIVE GENERAL SERVICES</u></b>		
EMERGENCY TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	D9110	\$ 56.04
DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	D9222	\$ 100.87
DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTES	D9223	\$ 100.86
INHALATION OF NITROUS OXIDE/ANALGESIA	D9230	\$ 37.51
IV MODERATE (CONSCIOUS) SEDATION - FIRST 15 MINUTES	D9239	\$ 77.16
IV MODERATE (CONSCIOUS) SEDATION - EACH SUBSEQUENT 15 MINUTES	D9243	\$ 77.16
HOUSE / EXTENDED CARE FACILITY CALL	D9410	\$ 38.79
HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	D9420	\$ 151.30
OFFICE VISIT FOR OBSERVATION - NO OTHER SERVICES	D9430	\$ 23.71
TREATMENT OF COMPLICATIONS (POST-SURGICAL)	D9930	\$ 25.48
OCCLUSAL GUARD ADJUSTMENT	D9943	\$ 30.17
OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	D9944	\$ 151.95
OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	D9945	\$ 37.99
OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	D9946	\$ 75.97
ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	D9971	\$ 42.47
BEHAVIOR MANAGEMENT (FOR PATEINTS WITH DEVELOPMENTAL DISABILITIES ONLY)	D9920	\$ 108.62

**\*Current Dental Terminology (including procedure codes.**

**PROCEDURE**

**CODE**

**FEE**

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Applicable FARS/DFARS apply.